

JUN 26 2008

**Board of Vocational Nursing  
and Psychiatric Technicians**

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7  
8 **BEFORE THE**  
**BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. VN-2004-237

11 EILEEN LAWRENCE  
10988 Rincon Street  
12 Loma Linda, CA 92354

**A C C U S A T I O N**

13 Vocational Nurse License No. VN 171548

14 Respondent.

15  
16 Complainant alleges:

17 **PARTIES**

- 18 1. Teresa Bello-Jones, J.D., M.S.N., R.N. (Complainant) brings this  
19 Accusation solely in her official capacity as the Executive Officer of the Board of Vocational  
20 Nursing and Psychiatric Technicians, Department of Consumer Affairs (Board).  
21 2. On or about April 5, 1995, the Board of Vocational Nursing and  
22 Psychiatric Technicians issued Vocational Nurse License No. VN 171548 to Eileen Lawrence  
23 (Respondent). The Vocational Nurse License was in full force and effect at all times relevant to  
24 the charges brought herein and will expire on October 31, 2008, unless renewed.

25 **JURISDICTION**

- 26 3. This Accusation is brought before the Board, under the authority of the  
27 following laws. All Section references are to the Business and Professions Code unless  
28 otherwise indicated.

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1                   8.       Section 2878.5 states, in pertinent part:

2                   In addition to other acts constituting unprofessional conduct within the meaning  
3 of this chapter [the Vocational Nursing Practice Act] it is unprofessional conduct for a person  
4 licensed under this chapter to do any of the following:

5                   "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a  
6 licensed physician and surgeon, dentist or podiatrist administer to himself or herself or furnish or  
7 administer to another, any controlled substance as defined in Division 10 of the Health and  
8 Safety Code, or any dangerous drug as defined in Section 4022.

9                   "(b) Use any controlled substance as defined in Division 10 of the Health and  
10 Safety Code, or any dangerous drug as defined in Section 4022, or alcoholic beverages, to an  
11 extent or in a manner dangerous or injurious to himself or herself, any other person, or the public,  
12 or to the extent that the use impairs his or her ability to conduct with safety to the public the  
13 practice authorized by his or her license.

14                   "(c) Be convicted of a criminal offense involving possession of any narcotic or  
15 dangerous drug, or the prescription, consumption, or self-administration of any of the substances  
16 described in subdivisions (a) and (b) of this section, in which event the record of the conviction is  
17 conclusive evidence thereof.

18                   .....

19                   "(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible  
20 entries in any hospital, patient, or other record pertaining to narcotics or dangerous drugs as  
21 specified in subdivision (b)."

22                   9.       California Code of Regulations, title 16, section 2518.6 states, in pertinent  
23 part:

24                   “(a) A licensed vocational nurse shall safeguard patients'/clients' health and safety  
25 by actions that include but are not limited to the following:

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27                   “(2) Documenting patient/client care in accordance with standards of the  
28 profession;

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“(b) A licensed vocational nurse shall adhere to standards of the profession and shall incorporate ethical and behavioral standards of professional practice which include but are not limited to the following:

....

“(4) Abstaining from chemical/substance abuse.

“(c) A violation of this section constitutes unprofessional conduct for purposes of initiating disciplinary action.”

10. California Code of Regulations, title 16, section 2521 states, in pertinent part:

“For the purposes of denial, suspension, or revocation of a license pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a licensed vocational nurse if to a substantial degree it evidences present or potential unfitness of a licensed vocational nurse to perform the functions authorized by his license in a manner consistent with the public health, safety, or welfare. Such crimes or acts shall include but not be limited to those involving the following:

....

“(c) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of Chapter 6.5, Division 2 of the Business and Professions Code.

....

“(f) Any crime or act involving the sale, gift, administration, or furnishing of “narcotics or dangerous drugs or dangerous devices” as defined in Section 4022 of the Business and Professions Code.”

11. Health and Safety Code section 11173 states, in pertinent part:

“(a) No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances, (1) by fraud,

1   deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

2                   “(b) No person shall make a false statement in any prescription, order, report, or  
3   record, required by this division. . . .”

4                   12.    Health and Safety Code section 11350, subdivision (a), states as follows:

5                   “Except as otherwise provided in this division [Division 10, commencing with  
6   section 11000 of the Health and Safety Code], every person who possesses (1) any controlled  
7   substance specified in subdivision (b) or (c), or paragraph (1) of subdivision (f) of Section 11054,  
8   specified in paragraph (14), (15), or (20) of subdivision (d) of Section 11054, or specified in  
9   subdivision (b) or (c) of Section 11055, or specified in subdivision (h) of Section 11056, or (2)  
10   any controlled substance classified in Schedule III, IV, or V which is a narcotic drug, unless upon  
11   the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in  
12   this state, shall be punished by imprisonment in the state prison.”

13                  13.    Section 125.3 provides, in pertinent part, that the Board may request the  
14   administrative law judge to direct a licensee found to have committed a violation or violations  
15   of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
16   enforcement of the case.

17                               CONTROLLED SUBSTANCES / DANGEROUS DRUGS

18                  14.    Hydrocodone is a Schedule II controlled narcotic substance pursuant to  
19   Health and Safety Code section 11055(b)(J) and a dangerous drug pursuant to Business and  
20   Professions Code section 4022. Preparations containing hydrocodone in combination with other  
21   non-narcotic medicinal ingredients are in Schedule III.

22                  15.    Lorazepam (Alzapam, Ativan, Loraz, Lorazepam Intensol) is an  
23   antianxiety agent (benzodiazepines, mild tranquilizer, depressant) used for the relief of anxiety.  
24   It is a Schedule IV controlled substance as defined in Health and Safety Code section  
25   11057(d)(16) and a dangerous drug according to Business and Professions Code section 4022.

26                  16.    Lortab is a Schedule III controlled substance pursuant to Health and Safety  
27   Code section 11056(e)(4) and a dangerous drug per Business and Professions code section 4022.  
28   Lortab is a trade name for Hydrocodone/APAP, also known as Vicodin.

1                   17.     Soma, a brand name for carisoprodol, is a dangerous drug according to  
2 Business and Professions Code section 4022. Its indicated use is as an adjunct to rest, physical  
3 therapy and other measures for acute painful musculoskeletal conditions.

4                   18.     Temazepam, in a class of sedative/hypnotics, is a Schedule IV controlled  
5 substance pursuant to Health and Safety Code section 11057(d)(29) and a dangerous drug  
6 pursuant to Business and Professions Code section 4022.

7                                   FIRST CAUSE FOR DISCIPLINE

8                                   (Conviction of Substantially Related Crime)

9                   19.     Respondent is subject to disciplinary action under Sections 490 and 2878,  
10 subdivision (f), in conjunction with California code of Regulations, title 16, section 2521,  
11 subdivision (f), in that on or about September 23, 2004, Respondent was convicted of a crime  
12 substantially related to the qualifications, duties and functions of a licensed vocational nurse, as  
13 follows:

14                   a.     On or about September 23, 2004, in a criminal proceeding entitled *The*  
15 *People of the State of California v. Eileen Lawrence* in San Bernardino County Superior Court,  
16 San Bernardino District, Case No. TSB114893, Respondent was convicted on her plea of *guilty*  
17 for violating; 1) Vehicle Code section 23152(a) (driving while under the influence), 2) Vehicle  
18 Code section 23152(b) (driving while having a greater than 0.08% blood alcohol content level),  
19 and 3) Vehicle Code section 40508(a) (failure to appear on written promise), all misdemeanors.

20                   b.     The circumstances of the conviction are that on or about April 5, 2004,  
21 Respondent was the driver of a vehicle involved in a traffic collision. The Respondent made a  
22 sudden lane change and broadsided another vehicle by moving into its lane of traffic. Colton  
23 Police Department officers arrested Respondent after she was unable to perform field sobriety  
24 tests, and admitted to have had a "few bad drinks." Respondent's blood alcohol content (BAC)  
25 level tested 0.27%.

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1 hospital's medication stores using its Pyxis<sup>2</sup> system and subject to physician medication orders,  
2 as follows:

3 **Patient<sup>3</sup> A**

4 **TEMAZEPAM**

5 a. On April 8, 2003, physician's medication orders for the patient were  
6 Temazepam (Restoril) 15mg orally every night (bed time) as needed for insomnia, may repeat  
7 one time.

8 b. On April 8, 2003, at 20:02, Respondent withdrew 15mg Temezepam, and  
9 at 21:00, documented its administration to the patient on the patient's MAR<sup>4</sup>.

10 c. On April 8, 2003, at 21:29, one and one-half hours after a prior  
11 withdrawal, and one-half hour after administration of a prior authorized dosage, Respondent  
12 withdrew 15mg Temezepam, and failed to document its administration to the patient on the  
13 patient's MAR. Temazepan, 15mg, was unaccounted for in any hospital record.

14 **LORAZEPAM**

15 d. On April 16, 2003, physician's medication orders for the patient were  
16 Lorazepam (Ativan) 1mg three times a day (every eight hours), and 1mg every four hours as  
17 needed for anxiety.

18 e. On April 16, 2003, at 17:47, Respondent withdrew 1mg Lorazepam, and at  
19 17:00, a time prior to its recorded possession, documented its administration to the patient on the  
20 patient's MAR.

21 f. On April 16, 2003, at 18:05, less than 30 minutes from the last withdrawal  
22 and before four hours as authorized, Respondent withdrew 1mg Lorazepam, and failed to

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23  
24 2. Pyxis is a trade name for the automated single-unit dose medication dispensing system  
25 that records information such as patient name, physician orders, date and time medication was  
26 withdrawn, and the name of the licensed individual who withdrew and administered the  
27 medication.

28 3. Patient names are withheld for consumer privacy protection, and upon the court's  
request will be provided.

4. MAR. Medication Administration Record.



1 document its administration to the patient on the patient's MAR. Lorazepam, 1mg, was  
2 unaccounted for in any hospital record.

3 g. On April 16, 2003, at 21:26, before four hours as authorized, Respondent  
4 withdrew 1mg Lorazepam, and at 21:00, a time prior to its recorded possession, documented its  
5 administration to the patient on the patient's MAR.

6 **Patient B**

7 **SOMA**

8 h. On April 8, 2003, and April 12, 2003, physician's medication orders for  
9 the patient were Soma, 350mg orally three times a day (every eight hours).

10 i. On April 8, 2003, at 15:36, Respondent withdrew 350mg Soma, and failed  
11 to document its administration to the patient on the patient's MAR. Soma, 350mg, was  
12 unaccounted for in any hospital record.

13 j. On April 12, 2003, at 16:32, Respondent withdrew 350mg Soma, and at  
14 17:00, documented its administration to the patient on the patient's MAR.

15 k. On April 12, 2003, at 17:13, within 45 minutes of her last withdrawal for  
16 this patient, Respondent withdrew 350mg Soma, and failed to document its administration to the  
17 patient on the patient's MAR. Soma, 350mg, was unaccounted for in any hospital record.

18 **TEMAZEPAM**

19 l. On April 8, 2003, physician's medication orders for the patient were  
20 Temazepam (Restoril), 15mg orally every night (bedtime) as needed for insomnia, may repeat  
21 one time.

22 m. On April 8, 2003, at 20:38, Respondent withdrew 15mg Temezapam, and  
23 failed to document its administration to the patient on the patient's MAR. Temezapam, 15mg,  
24 was unaccounted for in any hospital record.

25 **LORTAB (Vicodin)**

26 n. On April 8, 2003, April 9, 2003, and April 12, 2003, physician's  
27 medication orders for the patient were Vicodin (Lortab), 5/500mg one tablet orally three times a  
28 day (every eight hours) as needed.

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2 o. On April 8, 2003, at 17:02, Respondent withdrew 5/500mg Lortab, and at  
3 17:00, documented its administration to the patient on the patient's MAR.

4 p. On April 8, 2003, at 19:42, two hours and 40 minutes after her previous  
5 withdrawal and before eight hours as authorized, Respondent withdrew 5/500mg Lortab, and at  
6 21:00, almost one and one-half hours after withdrawal, documented its administration to the  
7 patient on the patient's MAR.

8 q. On April 8, 2003, at 23:14, about three and three-quarter hours after her  
9 previous withdrawal and before eight hours as authorized, Respondent withdrew 5/500mg  
10 Lortab, and failed to document its administration to the patient on the patient's MAR. Lortab,  
11 5/500mg, was unaccounted for in any hospital record.

12 r. On April 9, 2003, at 15:47, Respondent withdrew 5/500mg Lortab, and at  
13 16:00, documented its administration to the patient on the patient's MAR.

14 s. On April 9, 2003, at 18:33, about two and three-quarter hours after her  
15 previous withdrawal and before eight hours as authorized, Respondent withdrew 5/500mg  
16 Lortab, and at 18:30, documented its administration to the patient on the patient's MAR.

17 t. On April 9, 2003, at 21:37, three hours and five minutes after her previous  
18 withdrawal and before eight hours as authorized, Respondent withdrew 5/500mg Lortab, and  
19 failed to document its administration to the patient on the patient's MAR. Lortab, 5/500mg, was  
20 unaccounted for in any hospital record.

21 u. On April 12, 2003, at 18:15, Respondent withdrew 5/500mg Lortab, and at  
22 17:00, a time prior to its recorded possession, documented its administration to the patient on the  
23 patient's MAR.

24 v. On April 12, 2003, at 22:12, almost four hours after her previous  
25 withdrawal and before eight hours as authorized, Respondent withdrew 5/500mg Lortab, and at  
26 21:30, a time prior to its recorded possession, documented its administration to the patient on the  
27 patient's MAR.

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2 **Patient C**

3 LORAZEPAM

4 w. On April 9, 2003, physician's medication orders for the patient were  
5 Lorazepam (Ativan) 1mg orally every four hours for anxiety.

6 x. On April 9, 2003, at 15:49, Respondent withdrew 1mg Lorazepam, and at  
7 17:00, over one hour and 20 minutes from its time of withdrawal, documented its administration  
8 to the patient on the patient's MAR.

9 y. On April 9, 2003, at 17:50, about two hours after her previous withdrawal  
10 and before four hours as authorized, Respondent withdrew 1mg Lorazepam, and at 21:00, over  
11 two hours and 10 minutes from its time of withdrawal, documented its administration to the  
12 patient on the patient's MAR.

13 TEMAZEPAM

14 z. On April 7, 2003, and April 8, 2003, physician's medication orders for the  
15 patient were Temazepam 15mg for insomnia, may repeat one dose.

16 aa. On April 7, 2003, at 20:12, Respondent withdrew 15mg Temezapam, and  
17 at 21:00, almost an hour later, documented its administration to the patient on the patient's MAR.

18 bb. On April 7, 2003, at 21:38, Respondent withdrew 15mg Temezapam, and  
19 failed to document its administration to the patient on the patient's MAR. Temezapam, 15mg,  
20 was unaccounted for in any hospital record.

21 cc. On April 8, 2003, at 20:02, Respondent withdrew 15mg Temezapam, and  
22 at 21:00, almost an hour later, documented its administration to the patient on the patient's MAR.

23 dd. On April 8, 2003, at 20:11, Respondent withdrew 15mg Temezapam, and  
24 failed to document its administration to the patient on the patient's MAR. Temezapam, 15mg,  
25 was unaccounted for in any hospital record.

26 **Patient D**

27 TEMAZEPAM

28 ee. On April 7, 2003, physician's medication orders for the patient were

1 Temazepam 15mg for insomnia, may repeat one dose.

2 ff. On April 7, 2003, at 22:01, Respondent withdrew 15mg Temazepam, and  
3 failed to document its administration to the patient on the patient's MAR. Temezapam, 15mg,  
4 was unaccounted for in any hospital record.

5 LORTAB (Vicodin)

6 gg. On April 7, 2003, physician's medication orders for the patient were  
7 Vicodin (Lortab), 5/500mg one tablet orally four times in one day (every six hours) as needed.

8 hh. On April 7, 2008, at 18:48, Respondent withdrew 5/500mg Lortab, and at  
9 18:00, a time prior to its recorded possession, documented its administration to the patient on the  
10 patient's MAR..

11 ii. On April 7, 2003, at 20:23, less than two hours from her previous  
12 withdrawal and before six hours as authorized, Respondent withdrew 5/500mg Lortab, and at  
13 22:00, almost one and three-quarters hours after withdrawal, documented its administration to the  
14 patient on the patient's MAR.

15 jj. On April 7, 2003, at 23:00, less than three hours from her previous  
16 withdrawal and before six hours as authorized, Respondent withdrew 5/500mg Lortab, and at  
17 23:00, one hour from her last administration of Lortab to the patient, documented its  
18 administration to the patient on the patient's MAR.

19 **Patient E**

20 **TEMAZEPAM**

21 kk. On April 9, 2003, April 11, 2003, and April 12, 2003, physician's  
22 medication orders for the patient were Temazepam 15mg capsule for insomnia, may repeat one  
23 dose.

24 ll. On April 9, 2003, at 20:55, Respondent withdrew two doses of 15mg  
25 Temazepam (30mg), and at 21:00, documented one dose of 15mg Temazepam administration to  
26 the patient on the patient's MAR, failing to document the second dose of 15mg Temazepam  
27 administration to the patient on the patient's MAR. Temezapam, 15mg, was unaccounted for in  
28 any hospital record.

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2 mm. On April 11, 2003, at 20:09, Respondent withdrew 15mg Temazepam, and  
3 at 21:00, close to one hour later, documented its administration to the patient on the patient's  
4 MAR.

5 nn. On April 11, 2003, at 20:15, Respondent withdrew 15mg Temazepam, and  
6 failed to document its administration to the patient on the patient's MAR. Temezapam, 15mg,  
7 was unaccounted for in any hospital record.

8 oo. On April 12, 2003, at 20:42, Respondent withdrew 15mg Temazepam, and  
9 failed to document its administration to the patient on the patient's MAR. Temezapam, 15mg,  
10 was unaccounted for in any hospital record.

11 **Patient F**

12 **LORAZEPAM**

13 pp. On April 16, 2003, physician's medication orders for the patient were  
14 Lorazepam (Ativan) 1mg tablet for anxiety, not to exceed four doses in 24 hours (every 6 hours).

15 qq. On April 16, 2003, at 17:51, Respondent withdrew 1mg Lorazepam, and  
16 failed to document its administration to the patient on the patient's MAR. Lorazepam, 1mg, was  
17 unaccounted for in any hospital record.

18 rr. On April 16, 2003, at 21:10, Respondent withdrew 1mg Lorazepam, and at  
19 21:00, a time prior to its possession, documented its administration to the patient on the patient's  
20 MAR.

21 **Patient G**

22 **TEMAZEPAM**

23 ss. On April 9, 2003, and April 12, 2003, physician's medication orders for  
24 the patient were Temazepam 15mg capsule for insomnia, may repeat one dose.

25 tt. On April 9, 2003, at 22:00, Respondent withdrew 15mg Temazepam, and  
26 failed to document its administration to the patient on the patient's MAR. Temezapam, 15mg,  
27 was unaccounted for in any hospital record.

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2 uu. On April 12, 2003, at 21:09, Respondent withdrew 15mg Temazepam, and  
3 failed to document its administration to the patient on the patient's MAR. Temezapam, 15mg,  
4 was unaccounted for in any hospital record.

5 LORAZEPAM

6 vv. On April 12, 2003, physician's medication orders for the patient were  
7 Lorazepam (Ativan) 1mg tablet for anxiety, not to exceed four doses in 24 hours (every 6 hours).

8 ww. On April 12, 2003, at 17:50, Respondent withdrew 1mg Lorazepam, and  
9 failed to document its administration to the patient on the patient's MAR. Lorazepam, 1mg, was  
10 unaccounted for in any hospital record.

11 FIFTH CAUSE FOR DISCIPLINE

12 (Standards of Profession)

13 23. Respondent is subject to disciplinary action under Section 2878,  
14 subdivisions (a) and (d), for engaging in unprofessional conduct as defined in California Code of  
15 Regulations, title 16, sections 2521, subdivisions (c) and (f), and 2518.6, subdivisions (a)(2),  
16 (b)(4), and (c), in that on or about or about April 6, 2003, through on or about April 16, 2003,  
17 while employed as a licensed vocational nurse, Respondent failed to adhere to standards of the  
18 profession and ethical and behavioral standards of professional practice, as more fully described  
19 above in paragraphs 22(a) - (ww).

20 SIXTH CAUSE FOR DISCIPLINE

21 (Unlawful Possession / Use of Controlled Substances)

22 24. Respondent is subject to disciplinary action under Section 2878,  
23 subdivisions (a) and (d), for engaging in unprofessional conduct as defined in Section 2878.5,  
24 subdivisions (a) and (b), and violating Health and Safety Code sections 11173, subdivisions (a)  
25 and (b), and 11350, subdivision (a), in that on or about April 6, 2003, through on or about April  
26 16, 2003, Respondent was in possession of and used controlled substances and dangerous drugs,  
27 without valid prescriptions, to an extent or in a manner dangerous or injurious to herself, any  
28 other person, or the public, as more fully described above in paragraphs 22(a) - (ww), and 23.

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2 SEVENTH CAUSE FOR DISCIPLINE

3 (Dishonest Acts)

4 25. Respondent is subject to disciplinary action under Section 2878,  
5 subdivision (j), in that on or about April 6, 2003, through on or about April 16, 2003, while  
6 employed as a licensed vocational nurse, Respondent committed dishonest acts related to the  
7 duties and functions of her licensed profession, as more fully described above in paragraphs  
8 22 - 24, inclusive.

9 EIGHTH CAUSE FOR DISCIPLINE

10 (Unprofessional Conduct)

11 26. Respondent is subject to disciplinary action under Section 2878,  
12 subdivisions (a) and (d), in conjunction with California Code of Regulations, title 16, section  
13 2521, in that Respondent committed acts of unprofessional conduct, which acts evidence her  
14 present or potential unfitness to perform the functions authorized by her license in a manner  
15 consistent with the public health, safety, or welfare, as described above in paragraphs 19 - 24,  
16 inclusive.

17 PRAYER

18 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
19 alleged, and that following the hearing, the Board of Vocational Nursing and Psychiatric  
20 Technicians issue a decision:

21 1. Revoking or suspending Vocational Nurse License No. VN 171548, issued  
22 to Eileen Lawrence.

23 2. Ordering Eileen Lawrence to pay the Board of Vocational Nursing and  
24 Psychiatric Technicians the reasonable costs of the investigation and enforcement of this case,  
25 pursuant to Business and Professions Code section 125.3;

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2 3. Taking such other and further action as deemed necessary and proper.

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4 DATED: June 26, 2008.

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TERESA BELLO-JONES, J.D., M.S.N., R.N.

Executive Officer

Board of Vocational Nursing and Psychiatric Technicians

Department of Consumer Affairs

State of California

Complainant